

SOUTH DAKOTA BOARD OF PODIATRY EXAMINERS

135 East Illinois, Suite 214
Spearfish, SD 57783
(605) 642-1600

CERTIFICATE OF PODIATRIC CORPORATION RENEWAL APPLICATION

For Board Use ONLY:

Date: _____ Ck #: _____

Please Print or Type (Due with your renewal application)

Today's Date: _____

Corporation Name: _____

Business Physical Address: _____
Street Address City State Zip Code

Mailing Address: _____
P.O. Box or Street City State Zip Code

Business Telephone: (_____) _____

Please List all Licensed Podiatrists, Officers, Directors, and Shareholders:
(A Podiatric license is required for all officers, directors and shareholders).

I, _____, (please print) hereby apply for annual podiatric corporation certificate renewal issued by the South Dakota Board of Podiatry Examiners. Enclosed is the \$10.00 renewal fee (check or money order payable to the SD Board of Podiatry Examiners). I understand that the fee is not refundable and the Certificate is not assignable. If the corporation changes locations, I will notify the board.

Signature

Date